

PRV – Outreach Provider Policy Training

Purpose:

The purpose of this procedure is to document and report on Provider Services educational efforts when Provider Services has been notified of a specific case in which a provider is not following terms of the provider agreement and/or abiding by established Medicaid policy.

Identification of Roles:

Education and Outreach staff

Performance Standards:

Provide a response/resolution to DHS Project Management Team within two (2) business days of receipt of request made in any form (e.g. email, phone) on routine issues or questions.

Path of Business Procedure:

Step 1: Receive notification of cases where providers are not following terms of provider agreement.

- a. Provider Services Management Team is notified of a specific case where a provider is not following the terms of the provider agreement and/or abiding by established Medicaid policy.

Step 2: Review request and confirmation.

- a. Provider Services Management Team reviews the request and confirms the specific point about which the provider may be non-compliant.
- b. Additional rules clarification from policy staff, Attorney General's office, etc. may be necessary in some cases.

Step 3: Follow up with the contact point identified in the original notification.

- a. Educate the provider on the specific issue.
- b. Supply direction for additional policy assistance, if needed.

Step 4: Complete "Provider Policy Education" form.

- a. Include the result of the provider contact completed in Step 3.
- b. Forward the completed form to Policy Staff (via OnBase) for any additional surveillance/follow-up.

Forms/Reports:

Provider Policy Education form

RFP References:

6.4.5.3.a

Interfaces:

OnBase

Providers

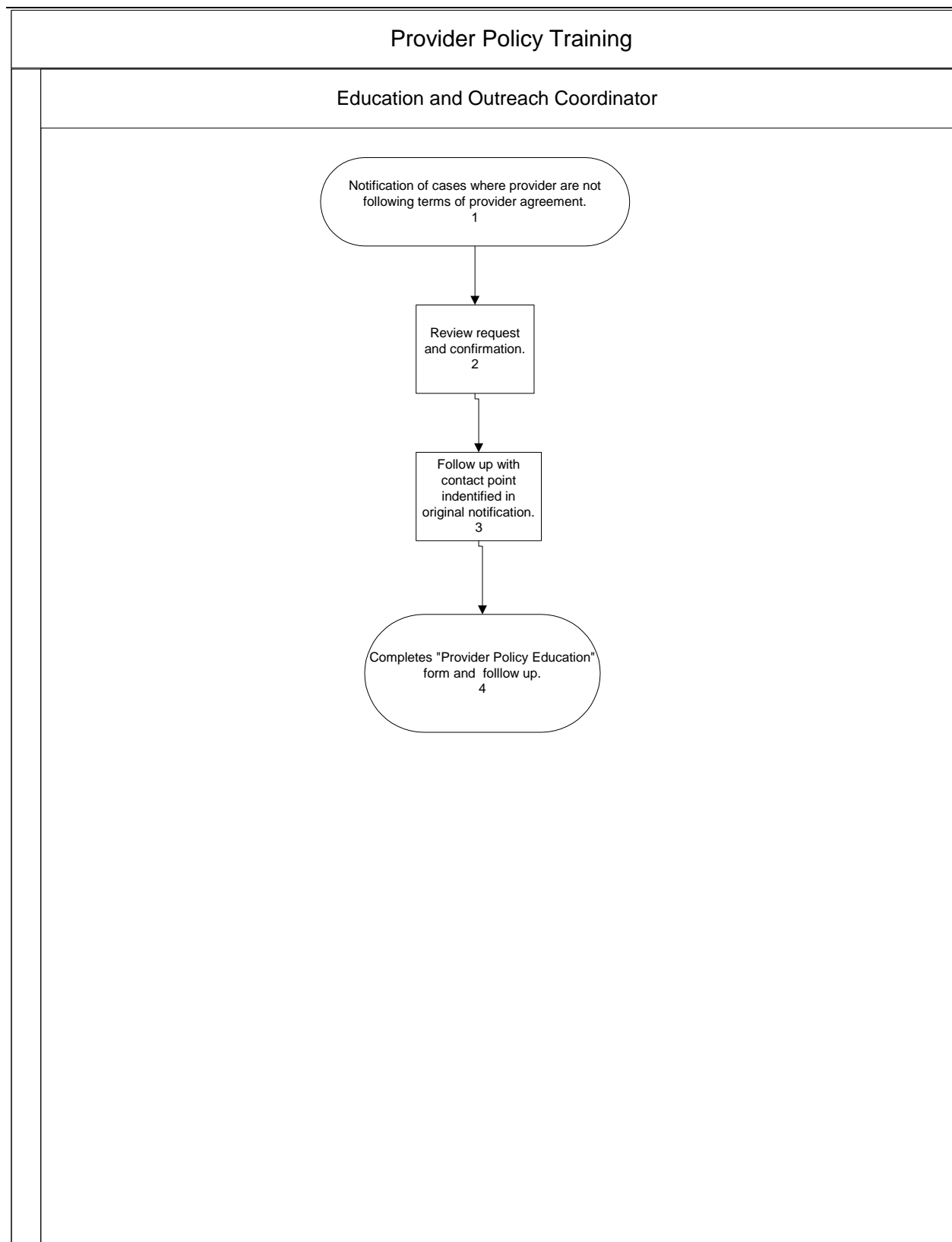
Policy Staff

Attorney General's office

Attachments:

Process Map

Provider Policy Education form



PROVIDER SERVICES

Provider Policy Education Form

This form is used when the Provider Services Management Team is notified of a specific case where a provider is not following the terms of the provider agreement and/or abiding by established Medicaid policy. It documents Provider Service's educational effort and reports the result to Policy Staff. It is intended for internal IME use only.

Reported to Provider Services by: _____

Date: _____

Provider ID or NPI: _____

Provider Contact Name: _____

Provider Contact Info: _____

Description of Policy Issue (include dates, if applicable): _____

Specific Policy Reference: _____

Date of Provider Services Educational Contact: _____

Description of Educational Effort, Expected Result: _____

Once completed, this form should be forwarded to IME Policy Staff. An additional copy should be kept in the provider file.